



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
OFFICE OF PERFORMANCE DATA – QUALITY ASSURANCE DIVISION
FOURTH QUARTER - QUARTERLY MONITORING REPORT**

Provider Name: _____ Date: _____

Provider Number: _____ Service Area _____ Program Manager's Name: _____

**** The submission deadline for the Fourth Quarter (Oct/Nov/Dec) Quarterly Monitoring Report and the accompanying materials is January 15th annually.**

1. Briefly describe chart review trends / findings and plans of action for this quarter (see Requirements 2.13 and 2.14):

2. Cultural Competency Training Annual Survey and Attestation (*This section to be completed by Program Manager*):

A. Does your program have a mechanism in place to ensure and track that all (100%) of its staff complete annual cultural competency training? ___Yes ___No

B. I attest that to the best of my knowledge all (100%) of this Directly Operated (DO) program staff have completed annual cultural competency training, and that I can produce evidence of completion for each staff member upon request. ___Yes ___No

Program Manager's Signature

Directions: Submit this form along with five (5) completed Chart Review Tools (MUST redact client information) to DMH QA Division via fax (213) 351-2491 or email [at QA@dmh.lacounty.gov](mailto:QA@dmh.lacounty.gov). Questions regarding this form should be directed to (213) 251-6881.